



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs),
Community Mental Health Services Programs (CMHSPs), and
Substance Abuse Coordinating Agencies (CAs)

FROM: Patrick Barrie, Deputy Director
Mental Health and Substance Abuse Administration

Donald Allen, Director
Office of Drug Control Policy

SUBJECT: Use of Encounter Code Modifiers for Integrated Mental Health
and Substance Abuse Services

The department has identified procedure code modifiers to be used by the public mental health system and the public substance abuse system for reporting integrated services (as defined below) provided to individuals who have both mental health and substance use disorders. One of these modifiers is needed by the state to meet federal Community Mental Health Block Grant requirements for the reporting of evidence-based practice. A second modifier is provided to allow mental health and substance abuse administrators and providers to identify and report other integrated services.

The HCPCS Level II manual, published by the Centers for Medicare and Medicaid Services (CMS), contains an "HH" modifier for integrated mental health and substance abuse programs. In Michigan, the "HH" modifier will be used to report integrated services. For the evidence-based practice of Co-occurring Disorders: Integrated Dual Diagnosis Treatment (COD-IDDT), both an "HH" and a "TG" modifier will be used.

The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services issued draft minimal criteria for reporting the evidence-based practice of COD-IDDT. Beginning with those criteria, the Co-occurring Disorder Subcommittee's Program Development and Training Work Group crafted Michigan-specific criteria for reporting the evidence-based practice. The department greatly appreciates the work of the Work Group and Subcommittee.



The “HH” and “TG” modifiers for the SAMHSA Evidence-Based Practice Provided in the Mental Health System

Both the “HH” and “TG” modifiers are to be used with procedure codes for services meeting the minimum criteria listed below, and apply only to the SAMHSA evidence-based practice of Co-occurring Disorders: Integrated Dual Diagnosis Treatment (COD-IDDT). These services are designed around the Resource Implementation Guide (also referred to as the tool kit) issued by SAMHSA for the COD-IDDT evidence-based practice. Due to the intensive array of components needed to support this model, these services typically fit in Assertive Community Treatment (ACT) team services. They may also be incorporated into targeted case management. Since this model is designed for people with serious mental illness, these services are provided in the mental health system.

Developing evidence-based COD-IDDT programs must receive preliminary review and, when they are ready, a fidelity assessment. Fidelity assessments are being conducted by the Michigan Fidelity Assessment Support Team (Mi-FAST), which consists of individuals who have been trained to provide the fidelity reviews. Mi-FAST is coordinated by Wayne State University. After a program has had at least one fidelity review conducted by Mi-FAST, and the minimum criteria described below are met, the PIHP may submit a request to the department to begin using the “HH” and “TG” modifiers for this evidence-based COD-IDDT practice. Requests should be sent to Tison Thomas at the letterhead address.

The current minimum reporting criteria do not require total implementation of all aspects of this evidence-based practice, but recognize COD-IDDT teams in various stages of development. As discussed above, these criteria are based on draft language developed by SAMHSA, with modifications made by the COD-IDDT Subcommittee's Program Development and Training Work Group, and the recommendation of the COD-IDDT Subcommittee. The criteria will be reviewed periodically and are likely to become more stringent in the future. The number of encounters that PIHPs report with the “HH” and “TG” modifiers will be used by the department to report the number of COD-IDDT encounters as part of required reporting on evidence-based services for people with serious mental illness.

Minimum criteria for using the “HH and TG” modifiers to report service encounters in an approved COD-IDDT program:

- Integrated mental health and substance abuse interventions are provided in one setting by the same clinicians or a multidisciplinary team of clinicians.

Note: For ACT, the setting is defined as the community; at least one member of the ACT team must be qualified to address substance disorders.

Note: Methadone or buprenorphine may be dispensed at a site other than the integrated clinical service site, if it is included in the individual plan of service.

- Stage-wise interventions are used; that is, treatment is consistent with each person's stage of recovery (engagement, motivation, action, relapse prevention).
- Each person receives services and supports through one integrated plan of service that addresses both the mental health and substance disorders.
- The initial fidelity review by Mi-FAST is completed.
- The PIHP demonstrates commitment to ongoing fidelity reviews and adherence to the evidence-based model.
- The provider must be licensed as a substance abuse provider. The provider must either have the integrated service license, or have submitted an application for it.
- Only after departmental approval is obtained and the other minimum criteria met, may the PIHP report services provided by the COD-IDDT team with the "HH" and "TG" modifiers.

The "HH" Modifier for Integrated Services Provided in the Mental Health or Substance Abuse System

To recognize other services that are being provided in an integrated manner, the "HH" modifier alone may be added to procedure codes to report services that do not meet "HH" and "TG" criteria but meet the criteria listed below. This modifier may be used with any type of service procedure code that is addressing both mental health and substance disorders of the person receiving the service and the service meets the minimum criteria below. This would include programs that are developing the evidence-based model but do not yet meet all the criteria for both the "HH" and "TG" modifiers.

Minimum criteria for using the "HH" modifier to report integrated services for mental health and substance disorders:

- Integrated mental health and substance abuse interventions are provided in one setting by the same clinicians or a multidisciplinary team of clinicians.
- For screening, the integrated screening is a formal process of testing to determine whether a person does or does not warrant further attention at

the current time in regard to a mental health disorder and a substance disorder, each in the context of the other disorder.

- For assessment, the integrated assessment addresses both mental health and substance disorders and identifies the nature of the mental health disorder, the substance disorder, and/or the co-occurring disorders; the assessment process includes the recognition of the individual's stage of recovery (engagement, motivation, action, relapse prevention) related to each disorder.
- For services other than screening and assessment, there is one integrated plan of service for each person that addresses both the mental health and substance disorders.
- Services, other than screening and assessment, include stage-wise interventions, that is, treatment is consistent with each person's stage of recovery (engagement, motivation, action, relapse prevention).
- For services other than screening and assessment, appropriate licensure as a substance abuse provider. The provider must either have the integrated service license, or have submitted an application for it.

In addition, all individuals who receive services, other than screening and assessment, for whom a procedure code is reported with the "HH" and "TG" modifiers or the "HH" modifier, should have both mental illness and substance abuse indicated in the mental health quality improvement files or the substance abuse Treatment Episode Data Set (TEDS) record.

If you have any questions, please contact Patricia Degnan at degnanp@michigan.gov, Kathy Haines at haineskate@michigan.gov, or Phil Chvojka at chvojkap@michigan.gov.

cc: PIHP Clinical Directors
COD:IDDT Subcommittee
Practice Improvement Steering Committee